

# CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

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## WOMEN VETERANS EVENT FORM

For Quarterly Newsletter Publication & Website Entry



Name of Event \_\_\_\_\_

Name of Organization \_\_\_\_\_

Date and Time \_\_\_\_\_

Location & Directions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Event (Please Attach Advertisement or Flyer) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost of Admission or Ticket Price \_\_\_\_\_

RSVP Date \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number (Including Area Code) \_\_\_\_\_

Address \_\_\_\_\_

Submitted By \_\_\_\_\_ Title \_\_\_\_\_  
(Please Print Name)

Signature \_\_\_\_\_ Date \_\_\_\_\_

THANK YOU FOR PROMOTING YOUR EVENT FOR WOMEN VETERANS!